

In his case the enlargement was permanent from the first attack—in the above, if my information was correct, for which I cannot vouch, it took on an intermittent character for the two or three first years; in other respects there seems to have been sufficient identity in the nature of the two cases, and in calling this case by a different name from that applied by that gentleman, I would beg leave to say, it is not from an affectation of singularity; it was thus entered upon my case-book, from the fact, that, as it was presented to me, there seemed to be simply an extension of the healthy organization of the parts subject to modification from position and exposure, without organic degeneracy which “chronic intumescence” might imply.

*Columbia, S. C. January 1, 1832.*

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ART. III. *Observations on the Use of the Malt Poultice.* By STEPHEN W. WILLIAMS, M. D. late Professor of Medical Jurisprudence in the Berkshire Medical Institution.

I am surprised that physicians have been so long in the neglect of the use of the malt and chareoal poultices in cases of foul, ill-conditioned, and sloughing ulcers, and even in ulcers which have assumed a gangrenous appearance, and which have in fact become mortified. It is now a number of years since the attention of the faculty was first directed to the use of these articles in these cases, and accounts of their good effects are to be found in most modern surgical works, and in the Pharmacopœias of the American and European hospitals. Yet I have too much reason to believe that their use has been too much neglected, and comparatively inert applications substituted in their stead. Some practitioners prefer the chareoal to the malt poultice. The former is unquestionably an invaluable application in cases of mortification, yet my observation has led me to prefer the latter. It certainly contains a greater proportion of *carbonic acid gas* than the carbonated poultice, and upon this principle its efficacy depends.

Since the cases occurred which I shall soon detail, great use has been made of those invaluable medicines, the chlorides of soda and lime, and of the pyroligneous acids, in such cases, and no man has a higher opinion of their utility than I have, yet there are many cases where poultices are necessary, in which the malt poultice must supersede their use. I prepare the malt poultice in the following manner:—Stir into good boiling beer as much ground and sifted malt as

will be sufficient to form it into a poultice of a proper consistence. Spread it thick upon cotton or linen cloth, and cover the surface of the poultice with about a table-spoonful of the best yeast, and lay the poultice thus prepared upon the ulcer. Spread the poultice much larger than the ulcer, and change it two or three times in the course of twenty-four hours. When barley-malt cannot be obtained, oatmeal will answer. The ulcer will be sweetened, and will discharge bland matter in twenty-four hours—yet it will be advisable to continue the use of the poultice three or four days.

I have seen several cases where the patients must inevitably have lost their lives had it not been for the timely application of this remedy. I select the following, from my note-book, from among the many I have seen.

CASE I.—A man was most severely wounded in the arm from the discharge of a musket. The whole charge, powder, shot, and wadding, entered the anterior part of the arm just above the bend of the elbow. It destroyed the humeral artery from the place where it entered nearly to the axilla, and the whole charge was lodged nearly as high up as the armpit. The muscles were dreadfully lacerated, and the whole of the biceps flexor cubiti was completely denuded, and as black as ink. The cubital nerve was separated from its attachment six or eight inches, but was not wounded. I made an incision with my scalpel nearly the whole length of the arm, and secured the humeral artery both above and below the wound. I cleansed the wound, and dressed it with cooling applications. At the first and second dressings, three and four days afterwards, the wound appeared as well as could be expected. On the third dressing it put on a very unfavourable appearance. Sphacelation had commenced, and the smell from it was very offensive. I put him upon the use of cort. peruv. and applied the malt poultice. Changed it twice or three times a day. At the dressing the next day the bad smell was removed, the matter discharged was of better appearance. In two or three days the wound looked healthy. In about a week sphacelation again commenced, and by a recurrence to the same remedies the wound was again restored to a healthy appearance. The patient ultimately recovered, and has a good arm. He has pulsation in the radial artery from anastomosis of the surrounding arteries. This case is reported at length in the *New England Journal of Medicine and Surgery*, for 1818 or 1819.

CASE II.—The subject of another case was an old gentleman, over

eighty years of age, whose limb I amputated above the knee, for compound fracture, in the spring of 1825. His constitution was feeble, and he was just recovering from a severe attack of pneumonia. The stump appeared well at the first and second dressings, (the period at which I remove my first dressing after amputation is usually the third or fourth day after the operation.) At the third or fourth dressing the stump put on a very unfavourable appearance. Sphacelation had commenced, and the smell was intolerable. The matter discharged was thin, gleety, and yellow. He was labouring under constitutional irritation. I put him upon the use of cinchona, and applied the malt poultice. In three days the wound put on a healthy appearance, all bad smell was removed, and in a day or two more the poultice was laid aside.

CASE III.—In the spring of 1827 I was called in consultation to operate, if thought necessary, upon a young lady at the factory at Gill, who had her forearm most extensively lacerated in a carding machine. All the flexor tendons were severely lacerated, and large pieces of flesh were left upon the edges of the wheel. Extensive portions of skin were torn off her arm, one piece six inches long, and three broad. The lower part of the radius was broken into a great many fragments, and the ulna was laid bare six inches in length, and the periosteum was removed. The question of amputation occurred with a great deal of force and propriety. Fearful as the wound appeared, and small as was the probability of saving the limb, I gave it as my opinion that an attempt should be made to save it without a resort to amputation. A bare majority of the counsel coincided with me, and the attempt was made. I removed numerous fragments of the lower part of the radius. Some part of the bone was ground fine as powder. I cleansed the wound as well as I could, and put it into as near apposition as possible. I did not attempt to bring the lips of the wound in contact, as that would have been impossible. I wrapped the arm in carded cotton, and applied splints over it, and thus completed the dressing. We left the patient with fearful forebodings.

Three days after met in consultation, and removed the dressings. The wound was in a horrid condition; it was sloughing rapidly. The ends of the muscles were blackened, and the wound was discharging an enormous quantity of horrid offensive pus. I was alarmed, and feared that mortification would immediately destroy her. I requested the physicians to desist from this mode of dressing, and go into another room and consult upon the case. I there stated to them my

belief, that the patient would inevitably die unless a different course was now pursued, and suggested, and warmly urged the necessity of immediately applying the malt poultice. I was overruled, and the old dressings were reappplied. I left the patient with a heavy heart, but was requested to visit her the next day. My father went with me. On examining the arm there was no appearance of amendment. Upon the whole, it was rather worse than it had been the day before. My father immediately recommended the malt poultice, and it was applied. In twenty-four hours the wound put on a more healthy appearance, and in a few days all danger was past. This terrible wound healed in the course of the summer and fall, and the patient was able to use her hand. I can truly say that this was the most horrible compound fracture I ever saw cured, but I think there would be risk in quoting it as a precedent in subsequent cases.

CASE IV.—In the summer of 1827 I was requested by Drs. GOOD-  
NUE and DICKINSON, of Hadley, to visit a patient of theirs, who, a day or two before, had been severely wounded in the ham by a plough. The gastrocnemii muscles were laid bare to a considerable extent. At the time I saw him the weather was extremely warm. The wound was discharging most offensive matter, which had the peculiar smell of mortification, and the lacerated muscles were black and sloughing. His pulse was rapid and feeble, and his skin hot and dry. He had been taking physic and antimonials, and he had been bled. They were applying the flaxseed poultice. I advised the use of cinchona and the malt poultice. They consented to try them. Two or three weeks after this I saw Dr. Dickinson at Northampton, who told me that the malt poultice had the desired effect, and the patient soon recovered.

CASE V.—On the 14th of January, 1828, S. N. of Greenfield, aged forty-five, had his foot horribly lacerated by a mill-stone falling upon it. Notwithstanding the foot was covered with a thick cowhide shoe, the flesh was torn from it from the outside of the heel to the ball of the great toe, so that the bones of the foot were exposed. The tarsal and metatarsal bones were naked, and some of the tarsal bones were so badly fractured that I was obliged to remove them. On the question of amputation we concluded, as in the case of the young lady at Gill, to attempt to save the foot without amputation. I accordingly removed the commuted fragments of bone, secured the blood-vessels, and united the wound as near as possible by six or

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eight stiches and bandages, and directed to keep the wound wet with spirit and water. The dressings were removed on the third day. The wound was sloughing, and throwing off very offensive matter; had every appearance of commencing sphacelation; yellow vesications appeared about the edges; it was so offensive as to contaminate the room. There was constitutional irritation; pulse 120 in a minute, and feeble; countenance pale and ghastly, and continual twitching of the nerves and tendons; stomach very irritable, and slight delirium. We directed the use of musk and aqua ammonia. As there was no malt at hand, we used the oatmeal and charcoal poultice boiled in beer and covered with yeast. The next day there was but little amelioration of his symptoms. The wound was sloughing horribly, and the skin in the neighbourhood of it was covered with vesications filled with yellow serum. His case was considered critical indeed. In the course of the day we were so fortunate as to procure some barley malt, with which a poultice was prepared in the usual way, and applied to the wound. In twenty-four hours all danger from mortification was past. The wound was shortly filled with healthy granulations, and the patient ultimately recovered.

Such is but a small part of the evidence I have in favour of the malt poultice in mortification and foul sloughing ulcers. It is much to be hoped that it will come into more extensive use with the faculty.

*Deerfield, Massachusetts, Sept. 1831.*

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ART. IV. *Case of Penetrating Wound of the Abdomen and Section of the Intestinal Canal, successfully treated upon the Plan of Ramdohr, with Remarks.* By ZINA PITCHER, M. D., U. S. Army.

MR. Nicholas Miller, a citizen of the Cherokee nation west of the Mississippi, was stabbed on the 22d of June, 1831, with a butcher's knife, by the hand of a white desperado. The instrument entered the abdomen just where the spermatie cord passes out through the left internal abdominal ring, passed upward and inward towards the median line, making an incision three inches in extent in the external teguments, and an opening still larger in the peritoneal sac, so that the shape of the wound, and the attitude in which it was received, the patient leaning forward at the time, permitted an immediate escape of several feet of his intestines with their extravasated contents, from the cavity of the abdomen.